FM 8-51

COMBAT STRESS CONTROL IN A THEATER OF OPERATIONS

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

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PREFACE

This field manual (FM) establishes medical doctrine and provides principles for conducting combat stress control (CSC) support operations from forward areas to the continental United States- (CONUS) based medical facilities. This manual sets forth tactics, techniques, and procedures (TTP) for CSC units and elements operating within the theater of operations (TO). This TTP is applicable to operations across the operational continuum. It is important that the users of this manual be familiar with FM 22-51. This manual supports the Army Medical Department's (AMEDD) keystone manual, FM 8-10. Readers should have a fundamental understanding of FMs 8-10-3, 8-10-5, 8-10-6, 8-10-8, 8-10-14, 8-10-24, 8-42, 8-55, 63-20, 63-21, 100-5, and 100-10.

The staffing and organizational structure presented in this publication reflects information in the most current living tables of organization and equipment (TOE) as of calendar year 1993. However, staffing is subject to change to comply with manpower requirements criteria outlined in AR 570-2. Your TOE can be subsequently modified.

★The Medical Reengineering Initiative (MRI) update has been added to this publication as Change 1, Appendix E. Organizational changes to CSC elements as a result of MRI were incorporated into the A-series TOE. CSC elements will convert from the L-series to the A-series TOE in the near future based on Department of the Army (DA) timelines.

This publication is in agreement with the American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 909, Principles of Prevention and Management of Combat Stress Reaction, Edition 1.

★The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on DA Form 2028 directly to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson, Fort Sam Houston, Texas 78234-6175.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

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CHAPTER 1

CONTROL OF COMBAT STRESS

1-1. Stress Control

a. Control of Stress. In one's own soldiers and in the soldiers of the enemy, control of stress is often the decisive difference between victory and defeat across the operational continuum. Battles and wars are won more by controlling the will to fight than by killing all of the enemy. Soldiers that are properly focused by training, unit cohesion, and leadership are most likely to have the strength, endurance, and alertness to perform their combat mission. In these soldiers, combat stress is controlled and positive combat stress reactions, such as loyalty, selflessness, and acts of bravery, are more likely to occur. However, uncontrolled combat stress causes erratic or harmful behavior, impairs mission performance, and results in disaster and defeat.

b. Responsibility For Stress Control. Control of stress is the commander's responsibility (see FM 22-51) at all echelons. The commander is aided in this responsibility by the noncommissioned officer (NCO) chain of support; the chaplaincy; unit medical personnel; general, principal, and special staff, and by specialized Army CSC units and mental health personnel.

c. Control or Management. The word *control* is used with combat stress (rather than the word *management)* to emphasize the active steps which leaders, supporting medical personnel, and individual soldiers must take to keep stress within an acceptable range. This does not mean that control and management are mutually exclusive terms. Management is by definition the exercise of control. Within common usage, however, and especially within Army usage, management has the connotation of being a somewhat detached, number-driven, higher echelon process rather than a direct, inspirational, and leadership-oriented process. Control of stress does not imply elimination of stress. Stress is one of the body's processes for dealing with uncertain changes and danger. Elimination of stress is both impossible and undesirable in the Army's peacetime or combat mission.

1-2. Combat Stress Threat

a. Stressors in Combat. Many stressors in a combat situation are due to deliberate enemy actions aimed at killing, wounding, or demoralizing our soldiers and our allies. Other stressors are due to the natural environment. Some of these stressors can be avoided or counteracted by wise command actions. Still other stressors are due to our own calculated or miscalculated choice, accepted in order to exert greater stress on the enemy. Sound leadership works to keep these within tolerable limits and prepares the troops mentally and physically to endure them. Some of the most potent stressors can be due to personal or organizational problems in the unit or on the home front. These, too, must be identified and, when possible, corrected or controlled. See FMs 8-10, 8-10-8, and 22-51 for additional information on the overall threat, medical threat, and combat stress threat.

b. Stress Casualties. The combat stress threat includes all those stressors (risk factors) which can cause soldiers to become stress casualties. Stress casualties include—

- Battle fatigue (BF) cases which are held for treatment at medical treatment facilities (MTFs) for more than a day.

- Misconduct stress behaviors cases that have committed breaches of discipline which require disciplinary confinement.

- Post-traumatic stress disorder (PTSD) cases which disable the soldier for months or years after the battle.